

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

FILE NO.

**10/518182**

FILED DATE

Winston Alvarez  
Paternal Stage Processing  
Paternal Specialist  
(202) 375-6421

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		2		
4		2		2		
5		0		0		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13		0		0		
14		0		0		
15	/		/			
16		1		1		
17	/		/			
18		1		1		
19		1		1		
20		3		3		
21		0		0		
22		0		0		
23		0		0		
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25		0		0		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	29	←	28	←		←
TOTAL CLAIMS	32		31			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						